**Appendix C**

**Application Cover Page**

**2019 Specialty Crop Block Grant Program**

|  |
| --- |
| **Organization Information** |
| **Organization Name:** |  |
| **PI Contact:** |  |
| **Full Mailing Address:** |  |
| **Phone:** |  | **Fax:** |  |
| **Email:** |  | **Website:** |  |
| **Organizational DUNS Number** |  |
| **SAM.gov Registration Expiration Date (a screenshot of your active registration must also be provided)** |  |
| **Project Information:** |
| **Project Title:** |  |
| **Total Project Value:** |  |
| **SCBG Amount Requested**: |  |
| **Project Duration:** |  |
| **Targeted Specialty Crop:** |  |

**Signature of Organization Representative Title Date**

*By signing you are verifying the attached information is approved by the applying organization.*